## TENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

| l                        | CLAIMS AS FILED - PART I                      |  |  |   |                |  |          | 57444              | 1,0 (                                   | <del>primamen</del><br>3 |                     |                        |
|--------------------------|---|--|--|---|----------------|--|----------|--------------------|---|--------------------------|---------------------|------------------------|
|                          |   |  | (Colum   | nn 1)   |                | (Column 2)   |          | SMALL E<br>TYPE    | NTITY                                   | 0                        |                     | ER THAN<br>LENTITY     |
| U.S. NATIONAL STAGE FEES |   |  |  | •   |                |  | 7        | RATE               | FEE                                     |                          | RATE                | -                      |
| BASIC FEE                |   |  | SMALL ENT  | SMALL ENT. = \$ 150                                   |                | IGE ENT. = \$ 800                                    |          | BASIC FEE          | -                                       | -                        | -                   | FEE                    |
| EXAMINATION FEE          |   |  | Satisfies POT A  | Satisfies POT Article \$3(1)-<br>(4) = \$ 50 / \$ 100 |                | other situations =                                   | ٦.       | EXAM. FEE          |   | _  01                    |                     | 300                    |
| SEARCH FEE               |   |  | U.S. Is ISA = 1  | A = \$50/\$100<br>ner countries =                     |                | \$ 100/\$ 200<br>other situations =<br>\$ 250/\$ 500 | 1        | SEARCH FEE         |   | -                        | EXAM FEE            | 744                    |
| EE FOR EXTRA SPEC. PGS.  |   |  |  | \$ 200 / \$ 400<br>minus 100 =                        |                | / 50 ≐   | -        |                    | <u> </u>                                | _                        | SEARCH FE           | TWU                    |
| TOTAL CHARGEABLE CLAIMS  |   |  | 19 minus 20 =  |   |                | 700-   | -        | X \$ 125 =         | <u>-</u>                                |                          | X \$ 250 =          |                        |
| NDEPENDENT CLAIMS        |   |  | - <del></del>  |   |                |  | -        | X \$ 25 =          |   | OR                       | X \$ 50 =           |                        |
| -                        |   | DENT CLAIM P                                 | minus 3 = *  |   | *              |  | -        | X \$ 100 =         |   | OR                       | X \$ 200 =          |                        |
| _                        |   |  |  | s than zero, enter "0"                                |                | ᆜ  | ]        | ·+ \$ 180 =        |   | OR                       | + \$ 360 =          | 1                      |
| ••                       |   | e in commu 1 is                              | less than zero   | , enter "0  | " in co        | olumn 2  |          | TOTAL              |   | OR                       | TOTAL               | <del> </del>           |
|                          |   | CLAIMS AS<br>(Column 1)<br>CLAIMS            | AMENDED  | - PART<br>(Colum                                      | ın 2)          | (Column 3)   | 7 (      | SMALL              | ENTITY                                  | ·<br>OR                  | OTHER<br>SMALL      | THAN                   |
| MENDMEN! A               |   | REMAINING<br>AFTER<br>AMENDMENT              |  | NUMB<br>PREVIO<br>PAID F                              | ER<br>USLY     | PRESENT<br>EXTRA                                     |          | RATE               | ADDI-<br>TIONAL<br>FEE                  |                          | RATE .              | ADDI-<br>TIONAL<br>FEE |
|                          | Total   | *  | Minus  | **  | ٠              | =  |          | X \$ 25 =          |   | OR                       | X \$ 50 =           |                        |
| P.                       | Independent                                   | *  | Minus  | ***   |                | =  |          | X \$ 100 =         |   | OR                       | X \$ 200 =          | <u> </u>               |
|                          | FIRST PRES                                    | ENTATION OF M                                | MULTIPLE DEPE  | NDENT C   | LAIM           |  |          | + \$ 180 =         |   | OR                       | + \$ 360 =          |                        |
|                          |   | ,  |  | . •   |                |  | i L      | TOTAL ADDIT.       |   | OR                       | TOTAL ADDIT.        |                        |
|                          | **  | (Oakuus 4)                                   |  | •   | ٠              |  |          | ree ,              |   | 1                        | FEE                 |                        |
| 2                        |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT  |  | (Colum)<br>HIGHES<br>NUMBE<br>PREVIOU                 | ST<br>R<br>SLY | (Column 3) PRESENT EXTRA                             |          | RATE               | ADDI-<br>TIONAL                         |                          | RATE                | ADDI-<br>TIONAL        |
|                          | Total   |  | Minus  | PAID FO   |                |  | -        | V 4 5 7            | FEE                                     |                          |                     | FEE                    |
| CIVILINGINE B            | Independent                                   |  |  | trit  | -              |  | -        | X \$ 25 =          |   | OR                       | X \$ 50 =           |                        |
| 1                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI |  |  |   |                |  | ŀ        | X \$ 100 =         |   | OR                       | X \$ 200 =          |                        |
| _1                       |   |  | OLTH CE DEPEN  | NDENT CL  | AIM            |  |          | + \$ 180 =         | *************************************** | OR                       | + \$ 360 =          |                        |
|                          |   |  |  |   |                |  |          | OTAL ADDIT.<br>FEE |   | OR                       | TOTAL ADDIT.<br>FEE |                        |
| HER                      | i the "Highest Nu                             | mber Previously Palc<br>mber Previously Palc | entry in column 2, v<br>1 For" IN THIS 6PA<br>1 For" IN THIS 6PA<br>For" (Total or Indep | CE is less th   | ian '20',      | enter "20",  | In the s | Opropriala hov     | In column 4                             |                          |                     |                        |